

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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23		2				
24		1				
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40		1				
41		2				
42		2				
43		2				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	9					
TOTAL DEP.	61					
TOTAL CLAIMS	70					

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

*		*		*
IND.	DEP.	IND.	DEP.	IND.
51				
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